

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 813923

1. Entity Name

FEDERATED LIFE INSURANCE COMPANY

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90061 017 ***150.00

Principal Place of Business

Mailing Address

121 EAST PARK SQUARE
OWATONNA MN 55060

121 EAST PARK SQUARE
OWATONNA MN 55060-3046

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 41-6022443

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
TALLAHASSEE FL 32304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEISEKE, F.H.	
STREET ADDRESS	296 E RIVERCREST DR	
CITY-ST-ZIP	RUSHVILLE IN 4623	
TITLE	C	<input type="checkbox"/> Delete
NAME	BUXTON, C I II	
STREET ADDRESS	1143 AUSTIN ROAD	
CITY-ST-ZIP	OWATONNA MN	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERGAN, LEONARD V	
STREET ADDRESS	1306 BIRCHMONT BEACH RD NE	
CITY-ST-ZIP	BEMIDJI MI 56601	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	MEILAHN, JAIRUS EDWARD	
STREET ADDRESS	795 RIVERWOOD DR.	
CITY-ST-ZIP	OWATONNA MN	
TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	NELSON, KIRK N	
STREET ADDRESS	30 KIRK PLACE	
CITY-ST-ZIP	OWATONNA MN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD REICHERT	
STREET ADDRESS	P.O. BOX 1843	
CITY-ST-ZIP	WENATCHEE WA 98801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONALD VAVRINA	
STREET ADDRESS	BOX 201	
CITY-ST-ZIP	CLARKSON NE 68629	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AL ANNEXSTAD	
STREET ADDRESS	669 WOODHILL PL	
CITY-ST-ZIP	OWATONNA MN 55060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Raymond R. Stawarz

RAYMOND R. STAWARZ, SR. VICE-PRESIDENT

2-17-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

507-455-5200

CR2E034 (9/99)